Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6/16/2011</u>	Address:	OARD RD
Case #:	<u>11C001218</u>		BLOOMINGTON, IN
County :	<u>MONROE</u>		
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)
	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all t	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s):	ir, etc)	
Red Ph	osphorous/Iodine Reaction(s):		
Flammable Solvents:			
Water Reactive Metal (Lithium): OPEN			
Hydroc	chloric Acid Gas Generator(s): OPEN		
Anhydı	rous Ammonia:		
⊠ Corrosi	ive Acid: <u>OPEN</u>		
Corrosi	ive Base:		
Other (item and location):		
Yes No Childre Living con Estimated	er age 18 discovered (check appropriate (number present) en not present but evidence they reside additions of home: clean disarratelength of time manufacturing had been Information:	or visit often y unclean	
This repor	rt has been faxed* to the following a	gencies that serve th	ne location:
Health Dep	tment: TWP FD partment: MONROE CO nt of Child Services:	Fax: <u>HAN</u> Fax: <u>812-3</u> Fax:	
	information regarding this methamph ng Officer: <u>JON PATRICK</u> Pho	netamine laboratory, one 812-332-4411	contact

^{*} This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.